

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 46
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes			FEC IDENTIFICATION NUMBER ▼ C C00489799		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report			<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; text-align: center;">M M / D D / Y Y Y Y Y Y 10 / 05 / 2016</div>		
Full Name of Payee Community Outreach Group LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; text-align: center;">M M / D D / Y Y Y Y Y Y 10 / 03 / 2016</div>		
Mailing Address 1110 Vermont Ave N.W. #300			Amount <div style="display: inline-block; text-align: center;">37615.01</div>		
City State Zip Code Washington DC 20005		Transaction ID : B629977			
Purpose of Expenditure Canvassing		Category/Type 003		Date of Disbursement or Obligation <div style="display: inline-block; text-align: center;">M M / D D / Y Y Y Y Y Y 10 / 03 / 2016</div>	
Name of Federal Candidate Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; text-align: center;">2679116.73</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee API Source			Date of Public Distribution/Dissemination <div style="display: inline-block; text-align: center;">M M / D D / Y Y Y Y Y Y 09 / 30 / 2016</div>		
Mailing Address 4471 Nicole Dr.			Amount <div style="display: inline-block; text-align: center;">1427.00</div>		
City State Zip Code Lanham MD 20706		Transaction ID : B629888			
Purpose of Expenditure Apparel and Distribution		Category/Type 004		Date of Disbursement or Obligation <div style="display: inline-block; text-align: center;">M M / D D / Y Y Y Y Y Y 09 / 30 / 2016</div>	
Name of Federal Candidate Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; text-align: center;">2679116.73</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; text-align: center;">39042.01</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; text-align: center;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; text-align: center;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Schifeling, Deirdre, , ,</i>			Date <div style="display: inline-block; text-align: center;">M M / D D / Y Y Y Y Y Y 10 / 07 / 2016</div>		

[Electronically Filed]